

## THE STATE OF TEXAS

### Statement of Elected/Appointed Officer

(Please type or print legibly)

I Philip Huang, MD, MPH do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

A handwritten signature in dark ink, appearing to read "Philip Huang", written over a horizontal line.

Affianted Signature

Philip Huang, MD, MPH

Printed Name

Health Authority

Position to Which Elected/Appointed

Austin/Travis County

City and/or County

SWORN TO and subscribed before me by affiant on this 15 day of February 2008.

A handwritten signature in dark ink, appearing to read "Jennifer L. Durst", written over a horizontal line.

Signature of Person Authorized to Administer  
Oaths/Affidavits

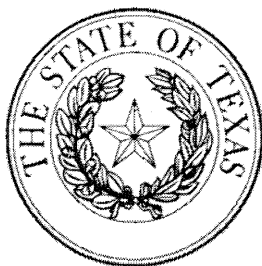
(Seal)

A handwritten signature in dark ink, appearing to read "Jennifer L. Durst", written over a horizontal line.

Printed Name

A handwritten word in dark ink, appearing to read "Accountant", written over a horizontal line.

Title



## OATH OF OFFICE

### For Local Health Authorities in the State of Texas

I, Philip Huang, MD, MPH, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

*Philip Huang*  
Affiant

15 Waller Street      Austin, Texas      78702  
Mailing Address      ZIP

(512) 972-5408  
(Area Code) Phone Number (day and evening)

Philip.huang@ci.austin.tx.us  
Email Address

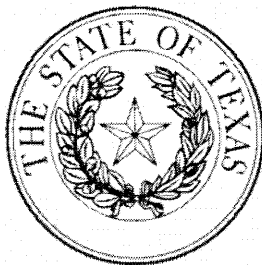
SWORN TO and subscribed before me this 15 day of February, 2008.

*Jennifer L. Dunt*  
Signature of Person Administering Oath

Jennifer L. Dunt  
Printed Name

(Seal)

Accountant  
Title



# Certificate of Appointment

For a

## Local Health Authority

I, David Lurie, acting in the capacity as a

(Check the appropriate designation below)

- ☒ Non-physician and the Local Health Department Director  
☐ Mayor or Designee  
☐ County Judge of Designee  
☐ Chairperson of the Public Health District

do hereby certify the physician, Philip Huang, MD, MPH, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Austin and Travis County, Texas.

Date term of office begins April 7, 2008


Date term of office ends April 6, 2010, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department  
☒ City Council for the City of Austin, Texas  
☒ Commissioners Court for Travis County  
☐ Board of Health for the \_\_\_\_\_ Public Health District

I certify to the above information on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

  
Signature of appointing official

(See reverse side for instructions)



## THE STATE OF TEXAS

### Statement of Elected/Appointed Officer

(Please type or print legibly)

I Linda Dooley, M.D. do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

A handwritten signature in cursive script, appearing to read "Linda Dooley MD".

**Affianted Signature**

Linda Dooley, M.D.

**Printed Name**

Alternate Health Authority

**Position to Which Elected/Appointed**

Austin/Travis County

**City and/or County**

SWORN TO and subscribed before me by affiant on this 15<sup>th</sup> day of February 2008.

A handwritten signature in cursive script, appearing to read "Rachel Denise Estrada".

**Signature of Person Authorized to Administer  
Oaths/Affidavits**

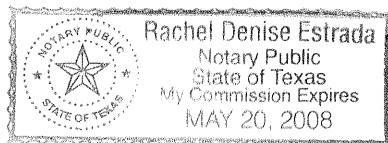
Rachel Denise Estrada

**Printed Name**

Notary

**Title**

(Seal)





## OATH OF OFFICE

### For Local Health Authorities in the State of Texas

I, Linda Dooley, MD, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

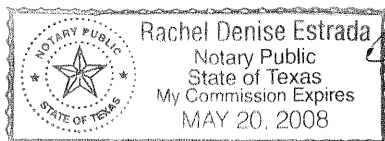
Linda Dooley MD  
Affiant

15 Waller Street      Austin, Texas      78702  
Mailing Address      ZIP

(512) 972-5459  
(Area Code) Phone Number (day and evening)

Linda.dooley@ci.austin.tx.us  
Email Address

SWORN TO and subscribed before me this 15<sup>th</sup> day of February, 2008

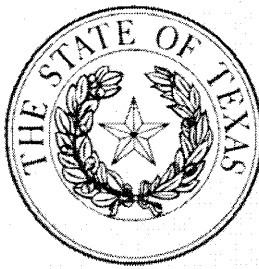


(Seal)

Rachel Denise Estrada  
Signature of Person Administering Oath

Rachel Denise Estrada  
Printed Name

Notary  
Title



# Certificate of Appointment

For a

## Local Health Authority

I, David Lurie, acting in the capacity as a

(Check the appropriate designation below)

- ☒ Non-physician and the Local Health Department Director  
☐ Mayor or Designee  
☐ County Judge of Designee  
☐ Chairperson of the Public Health District

do hereby certify the physician, Linda Dooley, M.D., who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Austin and Travis County, Texas.

Date term of office begins April 7, 2008

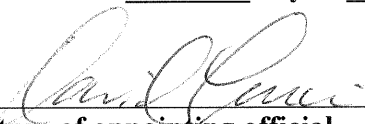
Date term of office ends April 6, 2010, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department  
☒ City Council for the City of Austin, Texas  
☒ Commissioners Court for Travis County  
☐ Board of Health for the \_\_\_\_\_ Public Health District

I certify to the above information on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

  
Signature of appointing official

(See reverse side for instructions)





## OATH OF OFFICE

### For Local Health Authorities in the State of Texas

I, Edward MacLeod Racht, M.D., do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

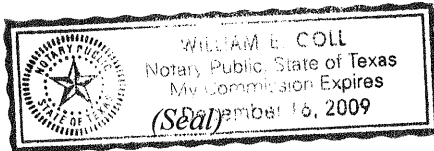
Ed M. Racht M.D.  
Affiant

517 South Pleasant Valley Austin, Texas 78702  
Mailing Address ZIP

(512) 908-0001  
(Area Code) Phone Number (day and evening)

Edward.racht@ci.austin.tx.us  
Email Address

SWORN TO and subscribed before me this 25 day of February, 2008.

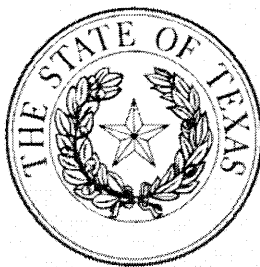


William E. Coll  
Signature of Person Administering Oath

William E. Coll  
Printed Name

Notary Public, State of Texas  
Title





# Certificate of Appointment

For a

## Local Health Authority

I, David Lurie, acting in the capacity as a

(Check the appropriate designation below)

- ☒ Non-physician and the Local Health Department Director  
☐ Mayor or Designee  
☐ County Judge of Designee  
☐ Chairperson of the Public Health District

do hereby certify the physician, Edward MacLeod Racht, M.D., who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Austin and Travis County, Texas.

Date term of office begins April 7, 2008


Date term of office ends April 6, 2010, unless removed by law.

The Local Health Authority has been appointed and approved by the:

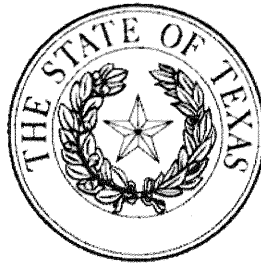
(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department  
☒ City Council for the City of Austin, Texas  
☒ Commissioners Court for Travis County  
☐ Board of Health for the \_\_\_\_\_ Public Health District

I certify to the above information on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

  
Signature of appointing official

(See reverse side for instructions)



## THE STATE OF TEXAS

### Statement of Elected/Appointed Officer

(Please type or print legibly)

I Birch Kimbrough, M.D. do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

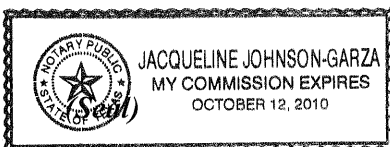
Birch Kimbrough MD  
Affiant's Signature

Birch Kimbrough, M.D.  
Printed Name

Alternate Health Authority  
Position to Which Elected/Appointed

Austin/Travis County  
City and/or County

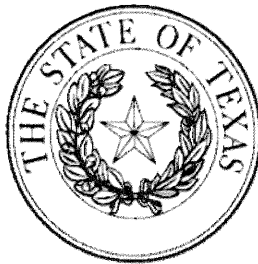
SWORN TO and subscribed before me by affiant on this 27<sup>th</sup> day of Feb. 2008.



Jacqueline Johnson-Garza  
Signature of Person Authorized to Administer  
Oaths/Affidavits

Jacqueline Johnson-Garza  
Printed Name

Admin. Sr. - HRAU  
Title



## OATH OF OFFICE

### For Local Health Authorities in the State of Texas

I, Birch Kimbrough, M.D., do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

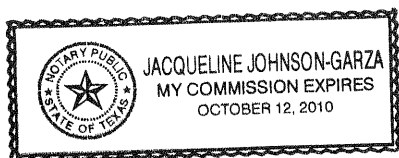
Birch Kimbrough MD  
Affiant

517 South Pleasant Valley Austin, Texas 78741  
Mailing Address ZIP

(512) 908-0043  
(Area Code) Phone Number (day and evening)

Birch.kimbrough@ci.austin.tx.us  
Email Address

SWORN TO and subscribed before me this 27 day of February, 2008.

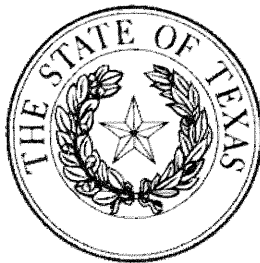


(Seal)

Jacqueline Johnson-Garza  
Signature of Person Administering Oath

Jacqueline Johnson-Garza  
Printed Name

Admin. Sec. - HRAU  
Title



# Certificate of Appointment

For a

## Local Health Authority

I, David Lurie, acting in the capacity as a

*(Check the appropriate designation below)*

- ☒ Non-physician and the Local Health Department Director  
☐ Mayor or Designee  
☐ County Judge of Designee  
☐ Chairperson of the Public Health District

do hereby certify the physician, Birch Kimbrough, M.D., who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Austin and Travis County, Texas.

Date term of office begins April 7, 2008


Date term of office ends April 6, 2010, unless removed by law.

The Local Health Authority has been appointed and approved by the:

*(Check the appropriate designation below)*

- ☒ Director, Austin/Travis County Health and Human Services Department  
☒ City Council for the City of Austin, Texas  
☒ Commissioners Court for Travis County  
☐ Board of Health for the \_\_\_\_\_ Public Health District

I certify to the above information on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

  
\_\_\_\_\_  
Signature of appointing official

*(See reverse side for instructions)*